

NORTH CENTRAL OHIO DISTRICT CHURCH OF THE NAZARENE

DESIGNATION OF BENEFICIARY FORM

(Benefit payable in the event of Lead Pastor's Death)

Policy adopted November 19, 2020, as follows:

The North Central Ohio District Church of the Nazarene has adopted a policy as follows: "When a Lead Pastor dies while in the position of Lead Pastor, the North Central Ohio District "NCOD" will pay the sum of \$10,000.00 as follows: If a DESIGNATION OF BENEFICIARY FORM has been completed, the benefit will be paid to the beneficiary designated on the form. If a DESIGNATION OF BENEFICIARY FORM has not been completed the benefit will be paid directly to a surviving spouse or, if no surviving spouse, to the surviving children of the Lead Pastor. The payment shall be reported by the NCOD as income to the recipient(s). This provision will occur based on budget funds available at the time of death and will be effective January 1, 2021. If no request for payment of this benefit is made by the person(s) entitled to the payment for the deceased Lead Pastor within 12 months after the death of the Lead Pastor this benefit shall expire. NCOD Advisory Board reserves the right to review, modify, amend, change and/or revoke this provision from year to year. For this provision a "Lead Pastor" shall be defined as an ordained elder or licensed minister (elder track) who, under the call of God and His people, has the oversight of a Church of the Nazarene on the North Central Ohio District Church of the Nazarene."

In accordance the policy stated above, I hereby designate the following beneficiary(ies) to receive any applicable benefit payment from the NCOD upon my death. (If selecting multiple beneficiaries, each must be named and listed individually. Attached additional sheets if necessary. This beneficiary designation is revocable at any time by submitting an updated beneficiary designation form to the NCOD office.

Lead Pastor's Name/Print: _____

Signature: _____ Date: _____

Social Security Number: _____

PRIMARY BENEFICIARY DESIGNATION

(this may be one or more persons)

Name of Beneficiary/Print: _____ percentage (must equal 100) _____%

Address of Beneficiary: _____

Social Security Number: _____

Name of Beneficiary/Print: _____ %

Address of Beneficiary: _____

Social Security Number: _____

Name of Beneficiary/Print: _____ %

Address of Beneficiary: _____

Social Security Number: _____

CONTINGENT BENEFICIARY – IF THE PRIMARY BENEFICIARY(IES) NAMED DO NOT SURVIVE, I DIRECT THE BENEFIT BE PAYABLE TO THE FOLLOWING:

(this may be one or more persons)

Name of Beneficiary/Print: _____ percentage (must equal 100) _____%

Address of Beneficiary: _____

Social Security Number: _____

Name of Beneficiary/Print: _____ %
Address of Beneficiary: _____
Social Security Number: _____

Name of Beneficiary/Print: _____ %
Address of Beneficiary: _____
Social Security Number: _____

Name of Beneficiary/Print: _____ %
Address of Beneficiary: _____
Social Security Number: _____